PART B - FEE(S) TRANSMITTAL

corplete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FFE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Eas (571):273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence included below or directed of	for tra ing the therwis	nsmitting the ISS Patent, advance e in Block I, by	UE FEE and PUBLIC/ orders and notification of (a) specifying a new con	ATION FEE (if requirements of maintenance fees respondence address	rired). will be i; and/o	Blocks I through 5 s mailed to the current or (b) indicating a sep	hould be completed wh correspondence address arate "FEE ADDRESS"	
CURRENT CORRESPOND 45159	r any change of address	Note: A certificate of mailing can only be used for domestic mailings of the feets) fransmital. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mulaive its own certificate of mailing of transmission.							
SQUIRE, SANDERS & DEMPSEY LLP 275 BATTERY STREET, SUITE 2600 SAN FRANCISCO, CA 94111-3356					I hereby certify that this Fec(s) Transmittal is being deposited with the Unit States Fostal Service with sufficient postage for first class mail in an enveloaddressed to the Mail Stop ISSUF FEE address above, or being facsim transmitted to the USPTO (371) 273-2885, on the date indicated below.				
				-				(Depositor's name	
								(Signatur	
		(Dan							
APPLICATION NO. FILING DATE		FIRST NAMED		FIRST NAMED INVENTO	TOR		DRNEY DOCKET NO.	CONFIRMATION NO.	
10/619,727 TITLE OF INVENTION	07/15/2003 MEDICATED COAT	NGS F	OR IMPLANTAI	Wouter E. Roorda BLE MEDICAL DEVICE	S HAVING CONTE	OLLE	050623.00211 ED RATE OF RELEAS	7043 SE	
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	FEEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$0	\$0		\$1510	11/08/2010	
EXAMINER			ART UNIT	CLASS-SUBCLASS	7		51510	11700/2010	
AZPURU, CARLOS A			1615	424-425000	J				
I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form FIO/SB 122) attached. "Fee Address 'Indication or 'Fee Address' Indication form FIO/SB 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up or agents OR, alterna (2) the name of a sin	rinting on the patent front page, list Squire, Sanders & Dempsey L.L.P. sames of up to 3 registered patent attorneys 1 CR Allemantews 2 at storney or agent and the names of up to the patent attorneys are attorney or agent and the names of up to the patent attorneys or agents. If no name is on anime will be printed patent attorneys or agents. If no name is				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	то в	E PRINTED ON	THE PATENT (print or t	ype)				
PLEASE NOTE: Unle recordation as set forth	ss an assignce is ident in 37 CFR 3.11. Comp	fied be letion o	low, no assignee of this form is NO	data will appear on the I a substitute for filing a	patent. If an assigne	e is id	entified below, the do	cument has been filed fo	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled if recordations as efforth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Advanced Cardiovascular Systems, Inc. Santa Clara, CA									
lease check the appropria	te assignee category or	categor	ies (will not be pr	inted on the patent) :	Individual 🖾 Cor	moratic	on or other private eros	p entity Governmen	
ia. The following fee(s) as Issue Fee Publication Fee (No	1)	Payment of Fee(s): (Ple A check is enclosed. Payment by credit ca The Director is hereboverpayment, to Dep	ase first reapply an	y previ	iously paid issue fee si	lown above)			
Change in Entity Statu	SMALL ENTITY status	. See 3	7 CFR 1.27.	b. Applicant is no lor	ger claiming SMAT	ENT	ITV status See 27 CCI	1.127/-3/23	
OTE: The Issue Fee and sterest as shown by the re-	Publication Fee (if requ cords of the United Stat	red) wi	il not be accepted	from anyone other than	the applicant; a regist	ered at	tomey or agent; or the	assignce or other party in	
Authorized Signature		١).	li				er 8, 2010		
Typed or printed name				** ***********************************	Registration No.		50,282		
his collection of informati n application. Confidentia ibmitting the completed a is form and/or suggestion ox 1450. Alexandria Vira	on is required by 37 CF lity is governed by 35 I pplication form to the s for reducing this bure line 22212 1550	R 1.31 J.S.C. 1 USPTO en, sho	1. The information 22 and 37 CFR 1 . Time will vary ould be sent to the	is required to obtain or a 14. This collection is est depending upon the indiv Chief Information Office	retain a benefit by the imated to take 12 mi idual case. Any com er, U.S. Patent and Ti	public nutes t ments adema	which is to file (and be o complete, including on the amount of time rk Office, U.S. Departs	y the USPTO to process) gathering, preparing, and you require to complete	

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.